

Name
in
Full

Olivia Ballard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> ^{Town}		<i>Wisconsin</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>April</i>	Day <i>15</i>	Age <i>85</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Md</i>			
Married, Single or Widowed <i>Widowed</i>			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace <i>154</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>John H Winder</i>			How related to deceased <i>in-law grandson</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Suppose old age</i>	How long	<i>Don't know but</i>
Immediate		How long	<i>a long time</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>D C Holloway & Co</i>	
		Address <i>Undertaker Salisbury Md</i>	
Accident or Suicide?			

7



Name
in
Full

No Name

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND			
Date of death 190		3	Month	30	Day	Years	Months	Days	
Sex		Female		Color or Race		White		Birth-place	Med
Married, Single or Widowed				Occupation					
Name of Wife or Husband									
Father's Name				James E. Brundy				Father's Birthplace	Med
Mother's Maiden Name				Miss King				Mother's Birthplace	Med
Name of person giving information				151				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Premature Birth		How long	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		F. M. Rhonous M.D.	
		Address		Baltimore Med.	
Accident or Suicide?					



Name
in
Full

Esther Brewington

CERTIFICATE OF DEATH

Died at		Town Allen		County Wicomico		MARYLAND	
Date of death 1903	Month 4	Day 24	Age 65	Years	Months	Days	
Sex Female	Color or Race Black		Birth- place Md				
Married, Single or Widowed	Married		Occupation Seamstress				
Name of Wife or Husband	Wesley Brewington						
Father's Name	David Furnier				Father's Birthplace	Md	
Mother's Maiden Name	Ruth Furnier				Mother's Birthplace	Md	
Name of person giving Information	William Dashiell				How related to deceased	None	

CAUSES OF DEATH

Primary	Consumption	How long	2 years
Immediate		How long	

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. A. Denson Underwriter

Address

Weyland

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Isaac Ballouay

CERTIFICATE OF DEATH

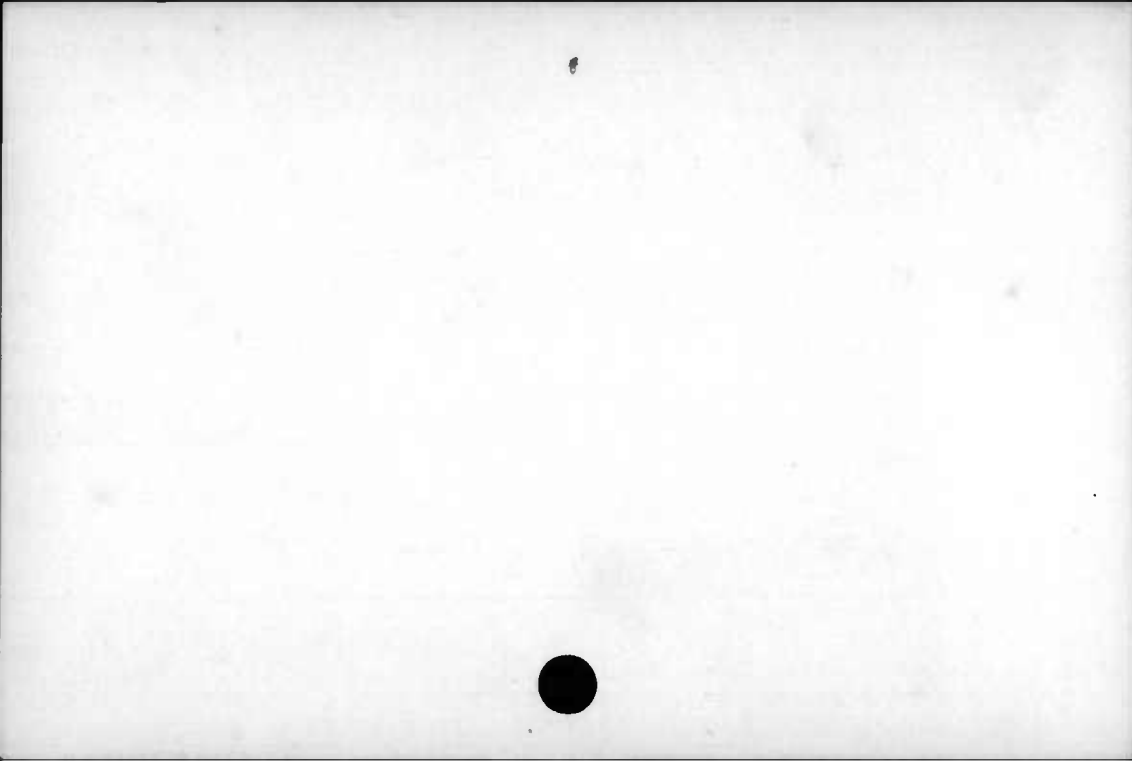
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death 1903	<i>April</i> ^{Month}	<i>15</i> ^{Day}	Age <i>60</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Delaware</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband <i>~~~~~</i>					
Father's Name <i>~~~~~</i>			Father's Birthplace <i></i>		
Mother's Maiden Name <i>~~~~~</i>			Mother's Birthplace <i>So</i>		
Name of person giving information <i>Miss Millar Manager</i>			How related to deceased <i>Peninsula General Hospital</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Olderium tremens</i>	How long <i>3 weeks</i>
Immediate <i>Colapser</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>So far as I am aware</i>	Signature of Physician <i>J. M. White</i>
Accident or Suicide? <i>No</i>	Address <i>Salisbury</i>



Name
in
Full

Lionda E Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i>		Town		<i>Wicomico</i>		County		MARYLAND	
Date of death 190	<i>3</i>	Month	<i>April</i>	Day	<i>21</i>	Age	<i>80</i>	Years	<i>8</i>
Sex		<i>Female</i>		Color or Race		<i>White</i>		Birth-place	
Married, Single or Widowed		<i>Widow</i>		Occupation					
Name of Wife or husband		<i>James Collins</i>							
Father's Name						Father's Birthplace			
Mother's Maiden Name						Mother's Birthplace			
Name of person giving information						How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Fracture of hip</i>	How long	<i>32 days</i>
Immediate	<i>Collapse</i>	How long	<i>few hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>as I know</i>		<i>J. M. Smith</i>	
Accident or Suicide? <i>No</i>		Address	
		<i>Salisbury, Md</i>	



Name
in
Full

Mary Dennis

CERTIFICATE OF DEATH

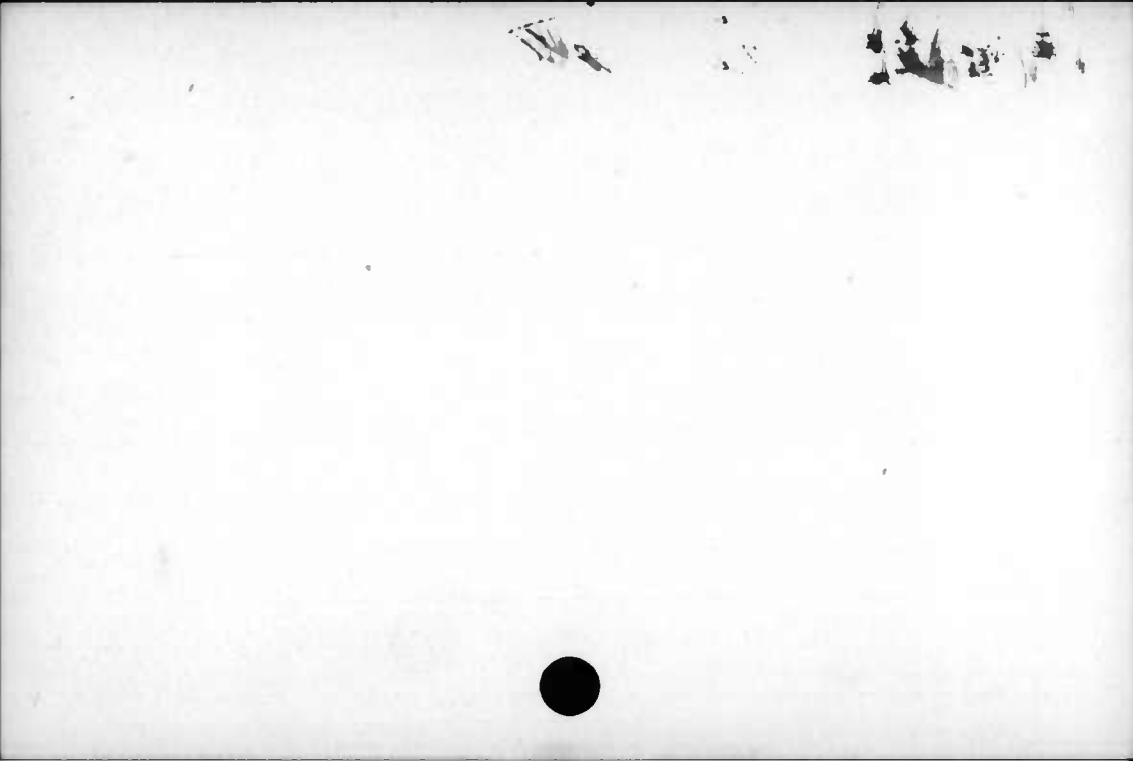
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND*	
Date of death 190	<i>3</i>	Month	<i>april</i>	Day	<i>3</i>
Age		Years		Months	Days
<i>83</i>					
Sex	<i>Female</i>	Color or Race	<i>Negro</i>	Birth-place	<i>md.</i>
Married, Single or Widowed	<i>Widow</i>	Occupation	<i>Housewife</i>		
Name of Wife or Husband <i>Dennis</i>					
Father's Name	<i>Milly Parker</i>			Father's Birthplace	<i>md</i>
Mother's Maiden Name	<i>Orlanta Parker</i>			Mother's Birthplace	<i>md</i>
Name of person giving information	<i>Ann Evans</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Infirmities of age</i>	How long	<i>15</i>
Immediate	<i>Died Suddenly</i>	How long	<i>Two hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Louis W. Williams</i>	
		Address	
		<i>Salisbury Md.</i>	
Accident or Suicide?			



Name
in
Full

U A Duiblen

CERTIFICATE OF DEATH

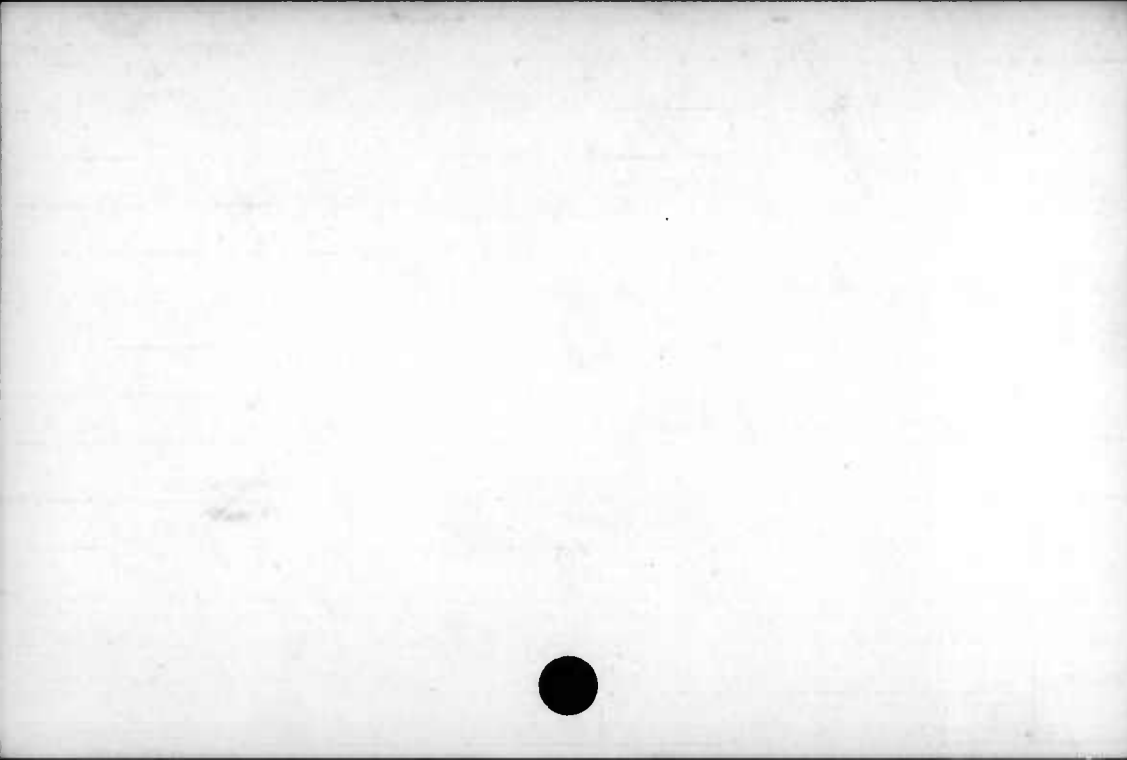
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury, Md</i>		Town		County <i>Wicomico</i>		MARYLAND	
Date of death 1903	Month <i>April</i>	Day <i>21</i>	Age	Years <i>45</i>	Months <i>8</i>	Days <i>9</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pennsylvania</i>				
Married, Single or Widowed <i>Married</i>			Occupation				
Name of Wife or Husband <i>~~~~~</i>							
Father's Name <i>~~~~~</i>					Father's Birthplace		
Mother's Maiden Name <i>~~~~~</i>					Mother's Birthplace		
Name of person giving information <i>Mr. Carross</i>					How related to deceased <i>Friend</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>4 weeks</i>
Immediate <i>Collapse</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Dink</i>
	Address <i>Salisbury, Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

John J. Evens

CERTIFICATE OF DEATH

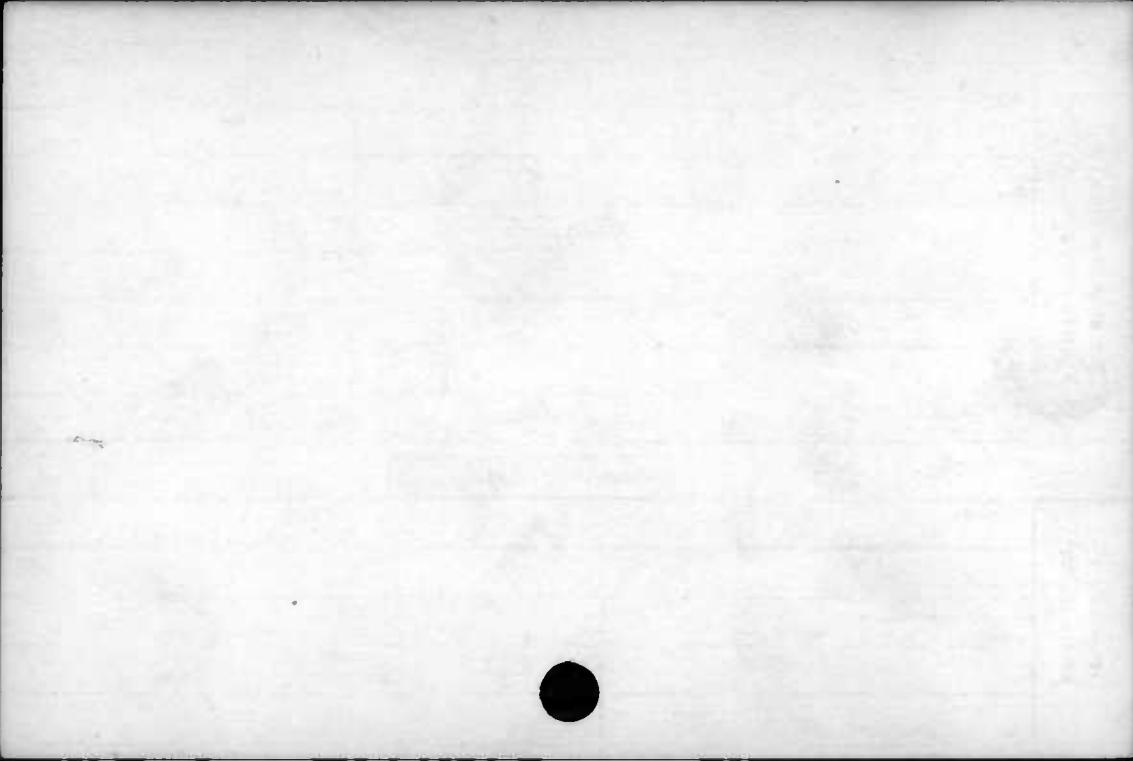
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pittsburgh</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death 1903	Month <i>April</i>	Day <i>3</i>	Age <i>45 years</i>	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md</i>		
Married, Single Widowed			Occupation <i>farmer</i>		
Name of Wife or Husband <i>Mother E. Evens</i>					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>Miss R. J. Evans</i>				How related to deceased	

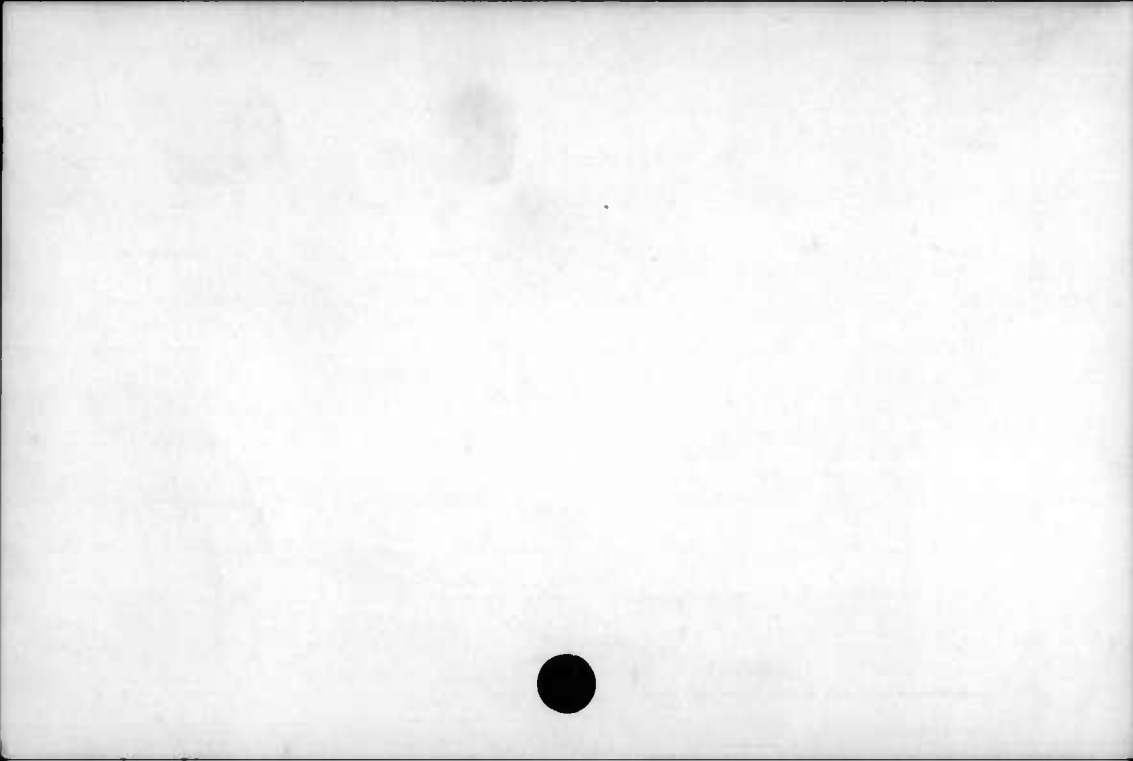
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long <i>2 years</i>
Immediate	How long <i>27</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. R. Rattiff</i>
	Address <i>Pittsburgh, Pa.</i>
Accident or Suicide?	



Name in Full		Ardelia A Turlow				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND		
	Date of death 190 <u>3</u>	Month <u>April</u>	Day <u>29</u>	Age <u>68</u> Years	Months <u>8</u>	Days <u>14</u>	
	Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Del</u>			
	Married, Single or Widowed <u>Married</u>		Occupation <u>Housework</u>				
	Name of Wife or Husband <u>George W Turlow</u>						
	Father's Name <u>Thomas Grey</u>				Father's Birthplace <u>Del</u>		
	Mother's Maiden Name <u>Nancy Chippen</u>				Mother's Birthplace <u>Del</u>		
Name of person giving Information <u>George W Turlow</u> 170				How related to deceased <u>Husband</u>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Chronic interstitial nephritis</u>				How long <u>1986</u>		
	Immediate <u>Convulsions</u>				How long		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				Signature of Physician <u>[Signature]</u>		
	as I know <u>no</u>				Address <u>Salisbury, Del</u>		
Accident or Suicide? <u>no</u>							



Name in Full

Certificate of Death

Rosie E. Kearns

Town

County

Died at Quantico Wicomico MARYLAND

Date 1903 Month April Day 10 Y. 62 M. D. Native of Quantico Occupation

Male White Married Widowed Divorced
Female Colored Single Widower Number of children living none

Husband of Noah J. Kearns

Father's Name John W. Taylor Mother's Name Mary W. Taylor

Cause of Death Primary Debility - How long sick 3 years
Immediate Remittent Fever Accident, Suicide, Homicide

Reported by W. H. D. Ashield M.D.

Address Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Benjamin M. S. S. S.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190	3	Month April	9	Day	Age	3	Years
Sex		Male		Color or Race		Black	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Fether's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Gastritis 104</i>	How long	<i>2 days</i>
Immediate	<i>Acute Gastritis</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Address	
Accident or Suicide?			



Name
in
Full

Sarah J. Huston

CERTIFICATE OF DEATH

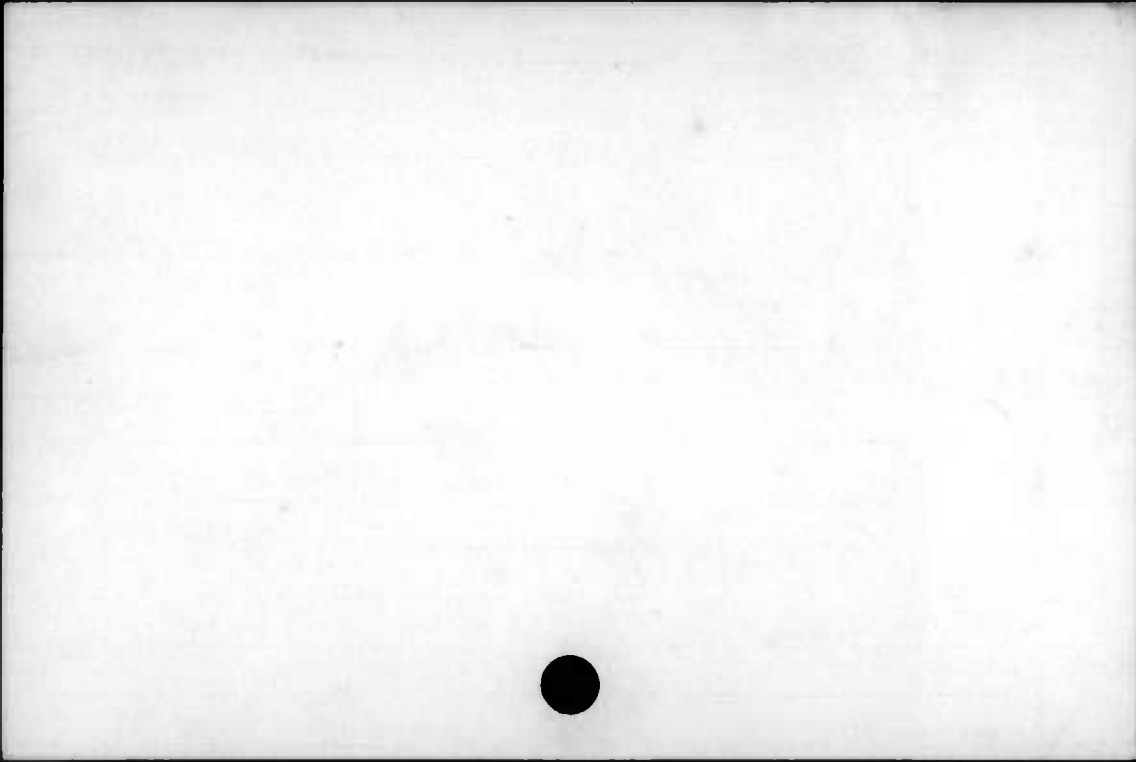
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>April</u>	Day <u>17</u>	Age <u>71</u> Years	Months <u>1</u>	Days <u>11</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Del</u>		
Married, Single or Widowed <u>married</u>			Occupation <u>Housework</u>		
Name of Wife or Husband <u>Joseph Huston</u>					
Father's Name <u>Nathan Nealister</u>			Father's Birthplace <u>MD</u>		
Mother's Maiden Name <u>Mary Elliott</u>			Mother's Birthplace <u>Del</u>		
Name of person giving information <u>Joseph Huston</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>Several Years</u>
Immediate <u>Diarrhea & Collopl</u>	How long <u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. H. Todd</u>
	Address <u>Salisbury Md</u>
Accident or Suicide?	



Name
in
Full

No name

CERTIFICATE OF DEATH

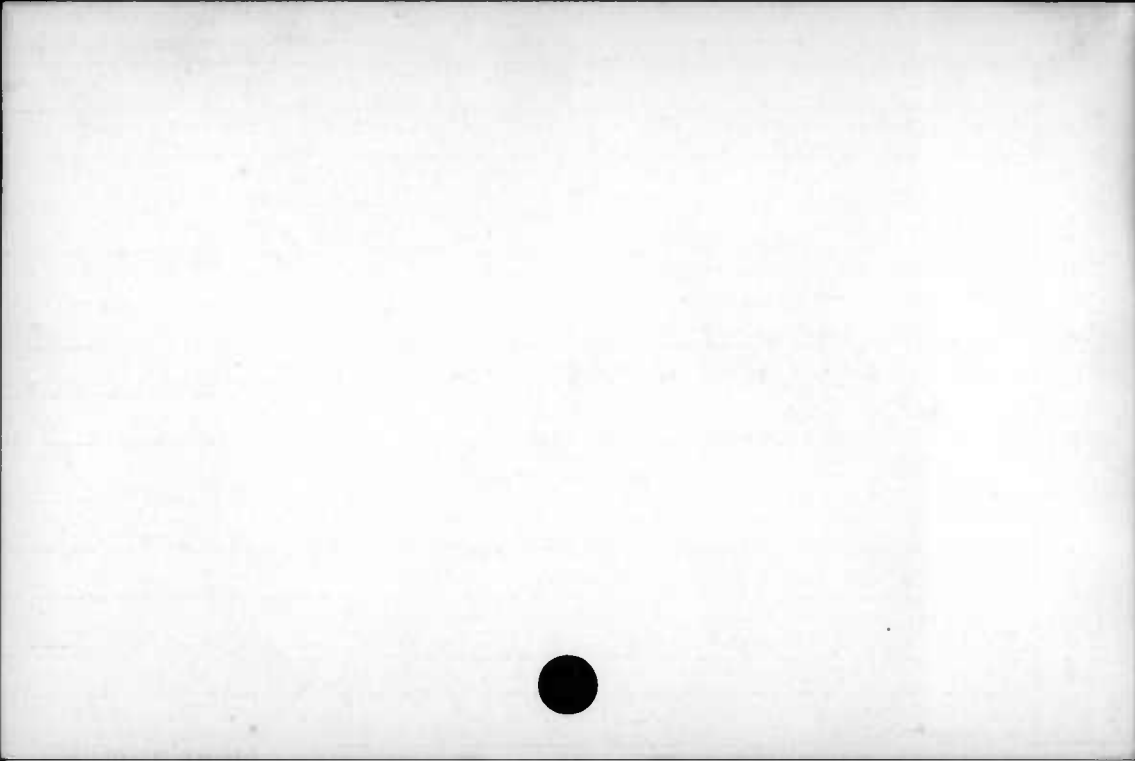
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death 190 <i>8</i>	Month <i>Apr.</i>	Day <i>29</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Salisbury Md</i>		
Married, Single or Widowed			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Edward Johnson</i>			Father's Birthplace <i>Wicomico Co</i>		
Mother's Maiden Name <i>Francis Connolly</i>			Mother's Birthplace <i>Wicomico Co</i>		
Name of person giving information <i>Physician</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still Birth</i> <i>S</i>	How long <i>—</i>
Immediate	<i>Still Birth</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. M. Stevens</i>
		Address <i>Salisbury Md.</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

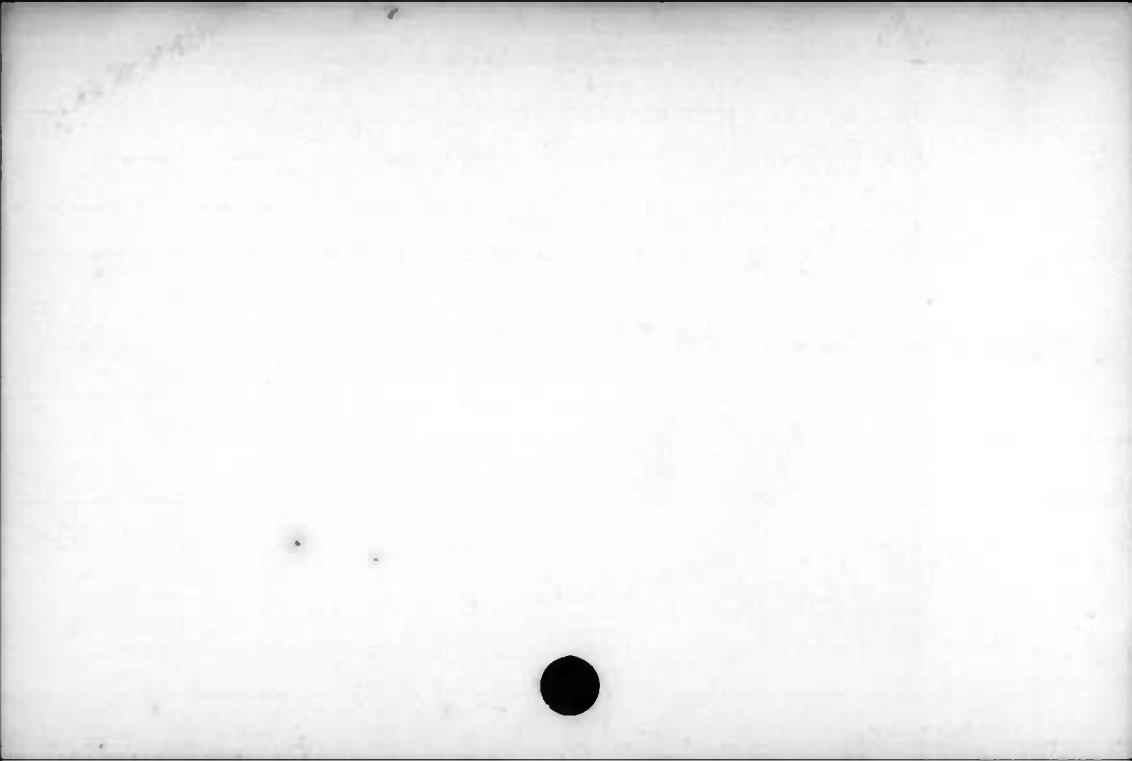
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month		Day		Years	
April		30		Age		78	
Sex		Male		Color or Race		Negro	
Married, Single		Married		Occupation		Laborer	
Name of Wife or Husband		Sally Jones		Birth-place		Maryland	
Father's Name				Father's Birthplace		Maryland	
Mother's Maiden Name				Mother's Birthplace		Maryland	
Name of person giving information		Isiah Hanes		How related to deceased		Son-in-law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Geo. C. Hill	
Accident Death ?		Address	
Accident		Undertaker	
		Salisbury Md.	



Name
in
Full

Edith M. Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death 190	<u>3</u> Month <u>April</u>	Day <u>6</u>	Age <u>15</u> Years	Months <u>—</u>	Days <u>10</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Id.</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>School girl</u>			
Name of Wife or Husband					
Father's Name <u>Merrill Morris</u>			Father's Birthplace <u>Id.</u>		
Mother's Maiden Name <u>Mary O. Holder</u>			Mother's Birthplace <u>Id.</u>		
Name of person giving information <u>Merrill Morris</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Influenza with terminal infection</u>	How long <u>1 month</u>
Immediate <u>Pyæmia</u>	How long <u>10 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. M. [illegible]</u>
	Address <u>Salisbury, Md.</u>
Accident or Suicide? <u>No</u>	



Name in Full		Sallie M. Murphy				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Salisbury		Wicomico		MARYLAND	
	Date of death 1903	April	17	Age	38	Months	Days
	Sex	Female	Color or Race	White	Birth-place		
	Married, Single or Widowed	Widow		Occupation	House Keeping		
	Name of Wife or Husband	Isaac S. Murphy					
	Father's Name	John H. Silghman			Father's Birthplace	Md	
	Mother's Maiden Name	Julia Davis			Mother's Birthplace	Berlin Md	
Name of person giving information				How related to deceased			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Scleroderma			145D	How long	
	Immediate	General Paralysis			— Collapse	How long	
	Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician		
					Address		
					Salisbury Md.		
Accident or Suicide?							



Name
in
Full

Levin T. Pollitt

CERTIFICATE OF DEATH

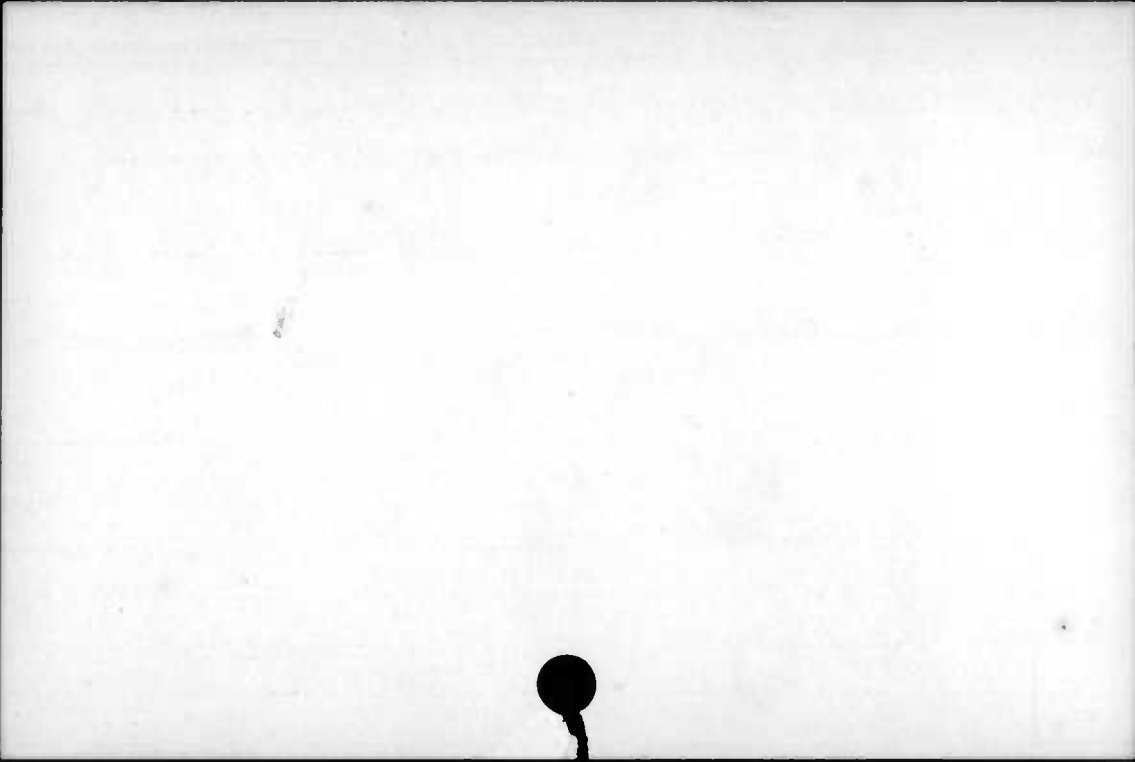
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Zion Church</i>		Town <i>Wicomico</i>		County		MARYLAND	
Date of death 1903	Month <i>April</i>	Day <i>18</i>	Years <i>69</i>	Months		Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Somerset Co. Md.</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband <i>~~~~~</i>							
Father's Name <i>Levin T. Pollitt</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Elizabeth Morris</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>James M. Pollitt</i>				How related to deceased <i>Nephew</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Dr. Long of Allen attended him. I was told he pronounced Bright's</i>	How long	<i>20</i>
Immediate	<i>him. I was told he pronounced Bright's</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo. E. Hill (disagree)</i>
		Address	<i>Under taker Salisbury Md.</i>
Accident or Suicide?			



Name
in
Full

Twins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 190	<i>3</i>	<i>apr.</i>	<i>23</i>	Age <i>few hours</i>			
Sex	<i>Females</i>		Color or Race	<i>white</i>		Birth-place	<i>Salisbury Md</i>
Married, Single or Widowed				Occupation <i>Infant</i>			
Name of Wife or Husband							
Father's Name <i>Edward Round</i>				Father's Birthplace <i>Wicomico Co</i>			
Mother's Maiden Name <i>Annie Hearn</i>				Mother's Birthplace " "			
Name of person giving information <i>Physician</i>				How related to deceased <i>none</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth</i>		How long
Immediate	_____		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>151</i>
_____		Address	<i>J. M. Plummer M.D.</i>
Accident or Suicide?		<i>Salisbury Md.</i>	



Name
in
Full

Samuel James Taylor

CERTIFICATE OF DEATH

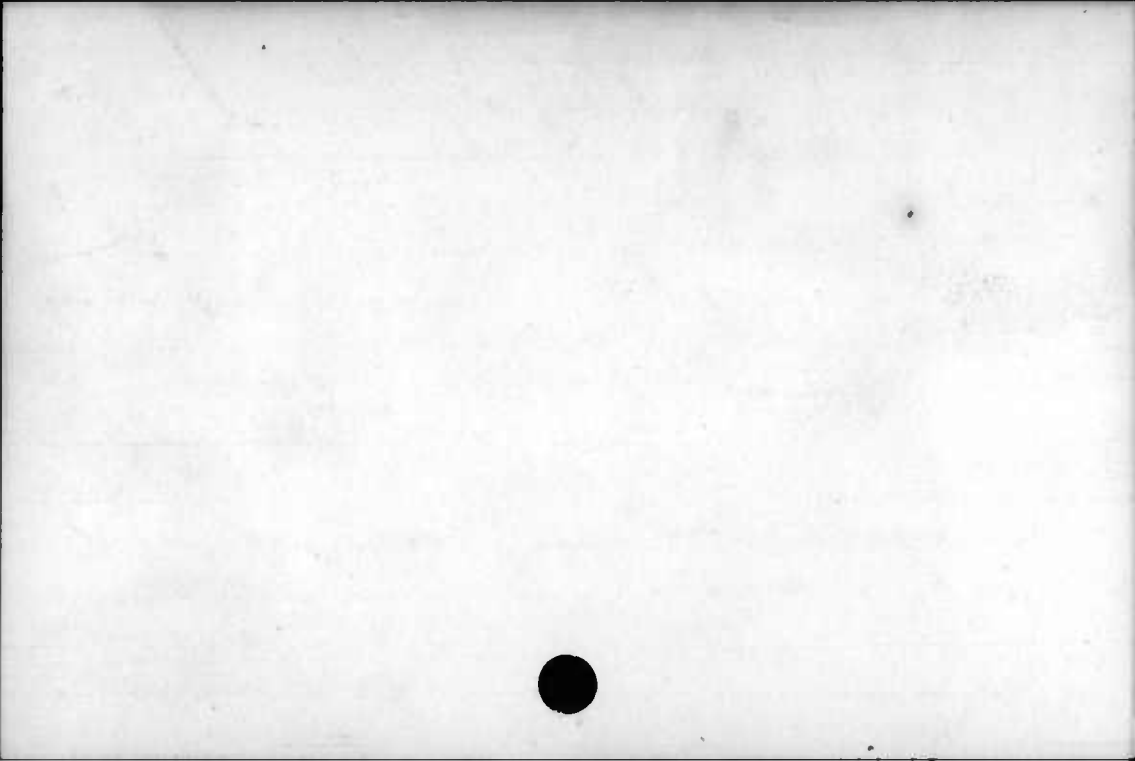
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i>	<i>April</i> <small>Month</small>	<i>14</i> <small>Day</small>	Age <i>52</i> <small>Years</small>	<i>6</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Del</i>	
Married, Single or Widowed <i>Widower</i>			Occupation <i>Laborer</i>		
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute gastritis</i>	How long <i>3 days</i>
Immediate <i>Collopy</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. O'Neil</i>
<i>a. I know</i>	Address <i>Salisbury Del</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Miss Jennie Waller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Dalsbury		County Wicomico		MARYLAND	
Date of death 190	3	Month april	Day 8	Age	Years 45	Months	Days
Sex	Female		Color or Race	White		Birth- place	Md.
Married, Single or Widowed	Single			Occupation			
Name of Wife or Husband							
Father's Name	William Waller				Father's Birthplace	Md.	
Mother's Maiden Name	Amelia Dushill				Mother's Birthplace	Md.	
Name of person giving In formation					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis & Bright's Disease		How long	several yrs.
Immediate	Necemia		How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		J. M. Clemens M.D.		
Address		Dalsbury, Md.		
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Spring Hill</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death 190 <u>3</u>	<u>April</u> Month	<u>14</u> Day	Age <u>53</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed? <u>Single</u>	Occupation				
Name of Wife or Husband					
Father's Name <u>Peter Weatherly</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Ester Lowe</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>John Hitch</u>			How related to deceased <u>Friend</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart insufficiency</u>	How long <u>2 years</u>
Immediate <u>Cardiac failure</u>	How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. M. Smith</u>
	Address <u>Salisbury, Md.</u>
Accident or Suicide? <u>No</u>	

